

WHY DID YOU BRING THE CHILD TO THE DENTIST TODAY ?

HAS THE CHILD EVER HAD A DIFFICULT PROBLEM ASSOCIATED WITH PREVIOUS DENTAL WORK? [] YES [] NO

HAS THE CHILD EVER HAD PAIN/TENDERNESS IN THEIR JAW JOINT (TMJ/TMD)? [] YES [] NO

DOES THE CHILD BRUSH THEIR TEETH DAILY? [] YES [] NO FLOSS THEIR TEETH DAILY? [] YES [] NO

CHILD'S PHYSICIAN: _____ PHONE #: _____ LAST VISIT: _____

IS THE CHILD CURRENTLY UNDER THE CARE OF A PHYSICIAN? [] YES [] NO

PLEASE DESCRIBE THE CHILD'S CURRENT PHYSICAL HEALTH: [] GOOD [] FAIR [] POOR

PLEASE LIST ALL DRUGS THAT THE CHILD IS CURRENTLY TAKING: _____

_____ DRUGS THE CHILD IS ALLERGIC TO: _____

HAS THE CHILD EVER HAD ANY OF THE FOLLOWING MEDICAL PROBLEMS?

Y N HEART MURMUR _____

Y N HIGH BLOOD PRESSURE _____

Y N HEART DISEASE _____

Y N BLOOD DISORDERS _____

Y N DIABETES _____

Y N ABNORMAL BLEEDING _____

Y N HIV+/AIDS _____

Y N RHEUMATIC FEVER _____

Y N SINUS PROBLEMS _____

Y N HEARING IMPAIRMENT _____

Y N ASTHMA _____

Y N KIDNEY/LIVER PROBLEMS _____

Y N HEPATITIS _____

Y N HANDICAPS/DISABILITIES _____

Y N TUBERCULOSIS(TB) _____

Y N ALLERGIES TO ANY DRUGS _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING HABITS?

Y N THUMB/FINGER SUCKING

Y N NAIL BITING _____

Y N LIP SUCKING/BITING

Y N NURSING BOTTLE HABITS _____

PLEASE DISCUSS ANY SERIOUS MEDICAL PROBLEMS THAT THE CHILD HAS HAD: _____

Our office is committed to meeting or exceeding the standards of infection control mandated by OSHA, the CDC and the ADA.

I understand that the information that I have given is correct to the best of my knowledge that it will be held in the strictest of confidence, and it is my responsibility to inform this office of any changes in my child's status. I also authorize the dental staff to perform the necessary dental services my child may need.

Signature of parent or guardian

Date

The Parent or Guardian who accompanies the child is responsible for payment at time of service unless prior arrangements have been approved.